	CLAIMS A	S FILED (Colum			umn 2)	SMALL E	NTITY	OR	OTHER	
TOTAL CLAIMS		20				RATE	FEE	1	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS		• W minus 20=		· 6		X\$ 9=		OR	V2+2	
INDEPENDENT CLAIMS		7 minus 3 =		• 🐧		X42=		1	X84=	
MULTIPLE DEPENDENT CLAIM F		RESENT						OR		
* If the difference	less than	zero enter	"O" in	column 2	+140=		OR	L		
1-105	CLAIMS AS				CO(011117 Z	TOTAL		OR	TOTAL	70
10	(Column 1)	AMENDE	Colum		(Column 3)	SMALL	ENTITY	OR	OTHER SMALL	
4	CLAIMS REMAINING		HIGH	EST	PRESENT		ADDI-	1		ADDI-
2	AFTER AMENDMENT		PREVIO PAID)USL//	EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
Total Independent	. 19	Minus	200	7	2	X\$ 9=		OR,	/ X\$18=	
Independent	1 3	Minus	** 3	1	=	X42=			X84=	
FIRST PRES	ENTATION OF M	ULTIPLE D	EPENDENT	CLAM				ÓR		
1	0 12					+140=		OR	+280=	
						ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1)		(Colun		(Column 3)	_	Ţ	1 1		
Total Independent	REMAINING AFTER		NUME	BER	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
2 -	AMENDMENT		PAID		CALLA		FEE			FEE
Total Independent	<u> </u> *	Minus	**		=	X\$ 9=		OR	X\$18=	
FIRST PRESI	* ENTATION OF M	Minus	EPENDENT	CLAIM	1-	X42=		OR	X84=	
			El ElloElli		<u> </u>	+140=		OR	+280=	
						TOTAL		OR	TOTAL	
	(Column 1)		(Colum	nn 21	(Column 3)	ADDIT. FEE			ADDIT. FEE	
U	CLAIMS REMAINING		HIGHE	ST	PRESENT		ADDI-	1		ADDI-
Z	AFTER AMENDMENT		PREVIO	USLY	EXTRA	RATE	TIONAL		RATE	TIONAL
Total Independent		Minus	**	OI.	-	X\$ 9=	FEE		X\$18=	FEE
Independent	*	Minus	***		_			OR		
FIRST PRESENTATION OF M		ULTIPLE DEPENDENT		CLAIM		X42=		OR	X84=	
t lithe act - 1	4 24 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					+140=		OR	+280=	
* If the entry in column if the "Highest No	imber Previously P	aid For IN T	HIS SPACE is	less tha	n 20. enter "20."	TOTAL ADDIT. FEE		OR	TOTAL	
***If the "Highest No	umber Previously Pa mber Previously Pa	aid For BN T	HIS SPACE IS	less th	an 3. enter "3."	ADDIT. FEE	ropriate box		ADDIT. FEE l uma 1.	
						.,				

Application or Docket Number